

Children's Services Update

Division of MHDD/SAS DHHS



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Reform to Transformation

Where we were...

- MH Reform began - 2001

Where we are...

- Transformation evolving— 2007





Where we are...

Foundations of Transformed System

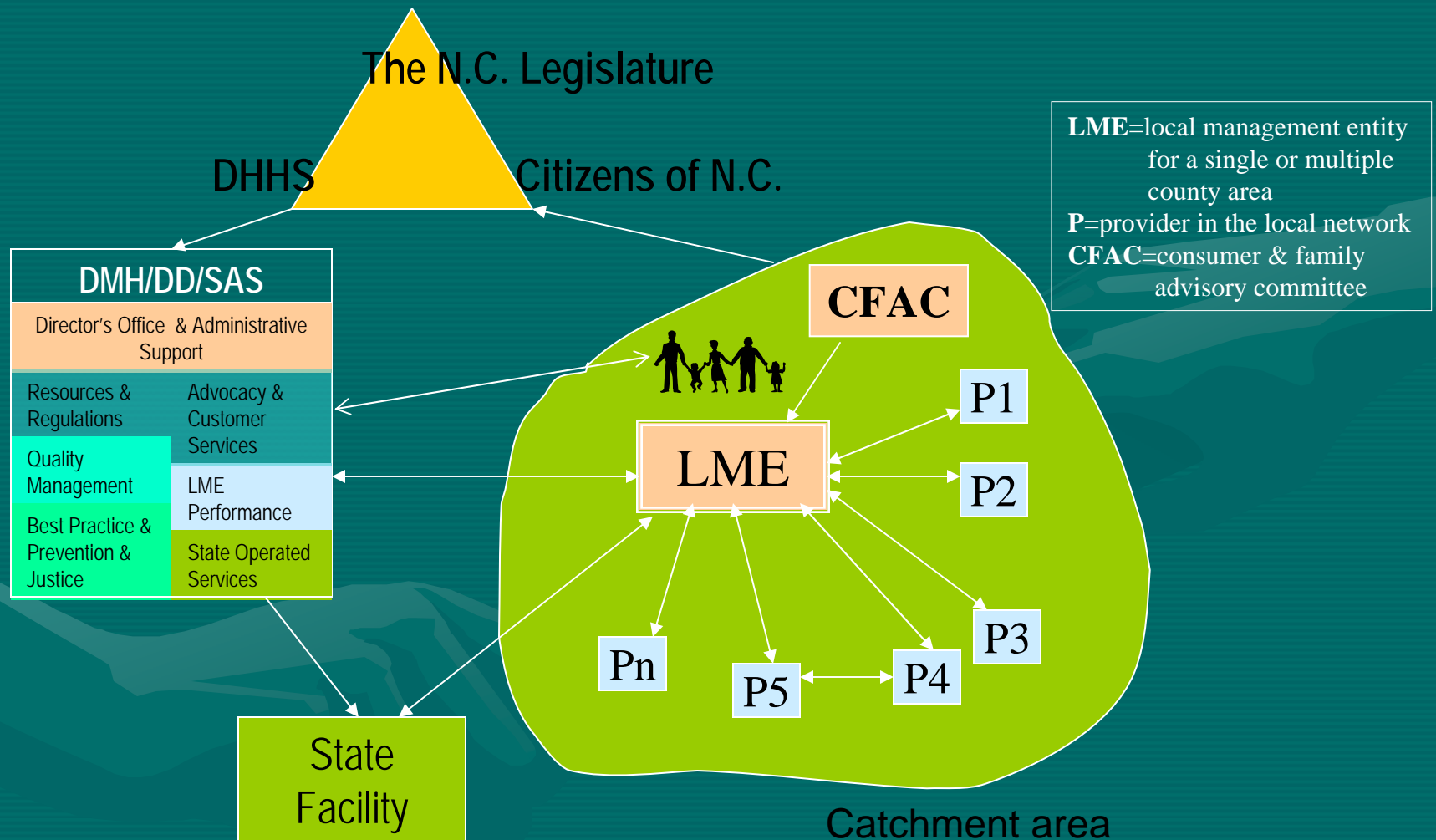
- Person-centered (child and family)
- Community based
- Focus on prevention
- Recovery outcome oriented
- Reflects best treatment/support practices
- Cost effective

System Transformation

- Local Management Entities
- Providers - Endorsed & Independently Enrolled
- Single Statewide Vendor
- Service Definitions
- System of Care



DMH/DD/SAS System Change





Targeted Populations

- Young children with behavioral health needs – atypical development 3-6 yrs
- Children and youth with (and families)
 - emotional & behavioral challenges
 - developmental disabilities
 - co-occurring disorders
 - deaf & hard of hearing
 - homeless or in transition

Children We Know

- Over 70,000 children & youth served
- Of those, with primary mental health needs, 29% were 3-8 years old



Children We Know

Most common diagnoses...

- Oppositional Defiant/Conduct Disorders
- Attention Deficit/Hyperactivity Disorder
- Depression
- Parent-Child Relational Problem
- Mental Retardation
- Developmental Disabilities
 - Includes Traumatic Brain Injury

We share a common vision for all children.

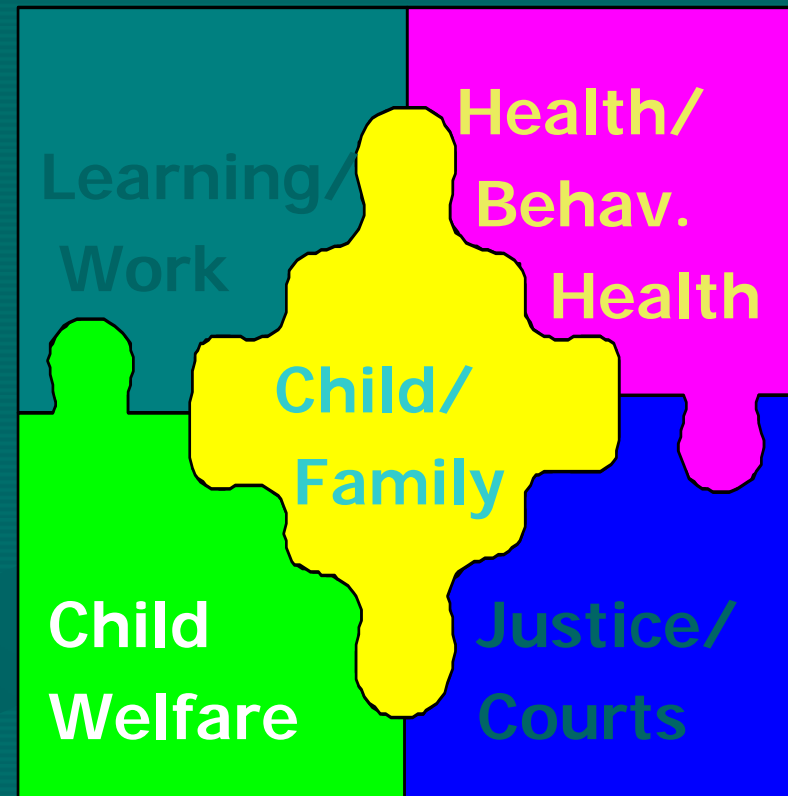
A System of Care aims for...

- Success
- Safety and
- Permanence in
 - Home
 - School and
 - Community



Coordinated Services System*

- Improve outcomes
- More efficient, effective, accountable
- Service coordination
- Interagency
 - financing strategies
 - personnel training
 - staff development



Person Centered Plan

- Child & Family Team
 - uniform format developed & approved.
 - must include crisis plans & address transitions.
 - cross-agency training & curricula



State Updates

- Created *Consumer and Family Advisory Committee (CFAC)*
 - Now in Statute
 - State
 - Each LME (30)
 - Consumer participation & leadership



State Updates

- Community based services array
 - New **CAP-MR/DD Waiver** approved by CMS - implementation September 1, 2005.
 - **New & Modified MH/SA Service Definitions** approved by CMS - implemented March 20, 2006.
- *Other definitions*
 - under study or revision to reflect best practices & adhere to State Plan

State Updates

- **Single statewide vendor for utilization review**
 - DMA contracts with Value Options for Medicaid services
 - Health Choice
- **Utilization management for state funded services**
 - Division of MHDDSAS performance contract w/LMEs
- **Quality Management**
 - Focused System Review

MH& SA Services and Supports

(3 yrs. & up)

- Screening, Triage, Referral^
- Basic Outpatient Services^
- Crisis Services^
- Diagnostic Assessment^
- Community Support
- Intensive In Home
- Multi-systemic Therapy
- Day Treatment
- Substance Abuse Intensive Outpatient Program
- Residential Care
- Transitions, Respite^ & other state funded*



DD Services and Supports

(3 yrs. & up)

- Screening, Triage, Referral^
- Basic Outpatient Services^
- Crisis Services^
- Diagnostic Assessment^
- Targeted Case Management
- Developmental Therapy*
- Residential Care
- Transitions
- Respite^ & other state funded*



Local Updates

- *24/7/365 access* and screening/triage/referral
- *LME structure* developed, divested service provider functions by 12/31/06.
- *Community Collaboratives* established.
 - Local MOAs
- *SOC Coordinator* in each LME – 30 LMEs
- *Child & Family Support Teams* – 15 LMEs
- *Flexible funding* – Family & youth involvement



Where we are going

The concept of family-centered and comprehensive care is the foundation of all system efforts and best practice models for children and their families.

President's New Freedom Commission, 2002





Role of Consumers & Families

- Governance & policy
- Training & technical assistance
- Program & practice
- Evaluation & research
- Community mobilization & advocacy
- Resources among many others....
 - Families United, Federation of Families for Children's Mental Health, NAMI/NC, MHA/NC
 - NC Consumers Organization, First in Families, Family Support Network/NC



Where we are...

- NC State Collaborative for Children & Families
 - Connect the dots.....
 - Who's at the table?
 - What do we know? Need to Know?
 - Best practices
 - Working partnerships
 - Working models
 - Lessons learned



Working Partnerships

State and Community Collaboratives

- Responsive & coordinated referral and treatment
- Inclusive & flexible system
- Culturally responsive & competent
- Family friendly supports
- Family & community education
- Resource development
- Shared planning processes
- Memorandum of Agreements-MOAs



Where we are going

- *Shared vision.*
- *Shared outcomes.*
- *Shared plan.*
- *Shared resources.*



On our way...

- *Directly enrolled providers*
- *Person centered planning / CFTs*
- *Service definitions*
- *Evidenced based practices*
- *State funding – unprecedented*
- *State & community partnerships.*
- *Embracing transformation.*
- *Consumer, family & youth involvement.*

Together We Can



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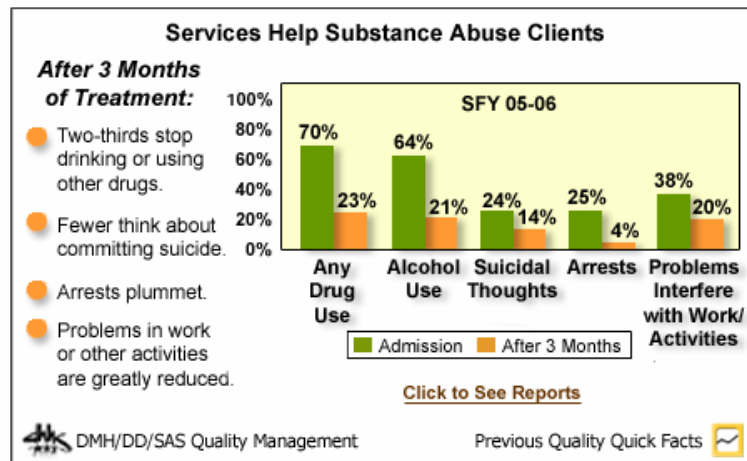
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Quality Quick Facts



Michael Moseley
Director

[Announcements and Communication Bulletins](#)

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- [Enhanced Services Implementation Updates](#)
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Done

Transformation Questions?

- Visit the DMH/DD/SAS website:
- <http://www.ncdhhs.gov/mhddsas/>
- On the website home page, regularly check:
 - WHAT'S NEW
 - QUICK LINKS - ANNOUNCEMENTS & COMMUNICATIONS BULLETINS

For more information...

State Plan on the web at:


<http://www.ncdhhs.gov/mhddsas/>

Info on State Plan and Child Plan implementation
on the web at:

⌘ <http://www.ncdhhs.gov/mhddsas/childandfamily/>

Contact: Susan.Robinson@ncmail.net or call 919-715-5989 x228

Together We Can



*“One of the secrets
in life
is making stepping stones
out of stumbling blocks.”*

J.B.

Together We Can



*Helping families
help their children
stay safe, healthy,
in school & community.*



Together We Can